05 APR 19 PM 4:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025626

1. Corporation Name
D & H PROFESSIONAL AUTO BODY INC

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
4305 OBT	430 5 ORANGE
Suite, Apt. #, etc.	Suite, Apt. #, etc. BLOSSOM TRAIL
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32805 County ORANGE	Zip 32805 Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 01-01-1999

5. FEI Number 59-3373344 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DAVE HENRY

Street Address (P.O. Box Number is Not Acceptable) 4563 LAVISTA DRIVE

Suite, Apt. #, Etc.

City ORLANDO, FL State FL Zip Code 32808

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 4.15.05
REGISTERED AGENT MUST SIGN

CR2E081 (01/03)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DAVE HENRY	4563 LAVISTA DR	ORLANDO, FL 32808
D	HERPHA HENRY	4563 LAVISTA DR	ORLANDO, FL 32808

200053934162
05/09/05--01009--004 **900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 4.15.05 (407) 649-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #